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Department of the Treasury Internal Revenue Service

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

Open to Public Inspection

_		le 2009 calendar year, or tax year beginning JUL 1, 2009 and ending JUN 3	0,	2010
В	Check i applical	ole Please C Name of organization D Em	ployer i	identification number
Γ	Addre	s use IRS McAlecter Pegional Health Center		
F	Name		3_1	618323
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늗	retur Tern	1 1000	-	
닏	ated	Instruc- Offe Clark Bass Boulevard) 421-6767
Ļ	Iretur		oup Exe	emption
<u>L</u>	Appli pend	McAlester, OK 74501 Nu	mber 🕽	>
	• Se	etion 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed G Accounting in	nethod:	Cash X Accrual
		Schedule A (Form 990 or 990-EZ). Other (specif	√) ▶	
ī	Websi	te: ▶http://www.mrhcok.com/foundation/ H Check ▶		the organization is not
				dule B (Form 990, 990-EZ, or 990-PF)
	Check			•
r	CHECK	•	man p	25,000. A FOITH 990-EZ 01
_		Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.		202 166
		es 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ	<u>\$</u>	
Р	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instruction	s for Pa	, '
	1	Contributions, gifts, grants, and similar amounts received	1	149,482.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	4,292.
	5a	Gross amount from sale of assets other than inventory 5a 121,082.		
	1 .	Less: cost or other basis and sales expenses Stmt 3 5b 85,686		
	b		1	25 206
•	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	35,396.
ĕ	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here		
Revenue	a	Gross revenue (not including \$ of contributions		
æ		reported on line 1) $\frac{1}{100}$ MAY $\frac{1}{100}$ 8 7011 $\frac{1}{100}$ 6a 48,310. Less: direct expenses other than fundraising expenses $\frac{1}{100}$ 6b 27,936.		
	b		_	
	C	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	20,374.
	7a	Gross sales of inventory, less returns and allowances 78		
	Ь	Less: cost of goods sold 7b	1	
	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe	8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	209,544.
_	10	Grants and similar amounts paid (attach schedule)	10	95,713.
	l l			75,715.
	111	Benefits paid to or for members	11	
ses	12	Salaries, other compensation, and employee benefits	12	01 001
penses	13	Professional fees and other payments to independent contractors	13	81,901.
찣	14	Occupancy, rent, utilities, and maintenance	14	
ш	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe See Statement 1)	16	45,784.
	17	Total expenses. Add lines 10 through 16	17	223,398.
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	<13,854.>
ets	19	Net assets or fund balances at beginning of year (from line 27, column (A))		
Assets	'	(must agree with end-of-year figure reported on prior year's return)	19	345,919.
¥	20	Other changes in net assets or fund balances (attach explanation) See Statement 4	20	176,928.
Ret	20			
		Net assets or fund balances at end of year. Combine lines 18 through 20	21	508,993.
	<u>art l</u>	(0 11) (D 111)	10-EZ.	
		(See the instructions for Part II.) (A) Beginning of year		(B) End of year
2	2 Ca	sh, savings, and investments 220,006	. 22	392,941.
2	3 La	nd and buildings	23	
2	4 Ot	ner assets (describe See Statement 2) 125,913	. 24	130,196.
2		345,919		
2			. 26	4 4 4 4 4
2		t assets or fund balances (line 27 of column (B) must agree with line 21) 345, 919		508,993.
	2171 -08-10	LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.		Form 990-EZ (2009) 2
02	-00-10			(2000)

McAlester Regional Health Center

Form 990-EZ (2009) Foundation	0011002		73-	16183	2.3 Page 2
Part III Statement of Program Service Accomplishmen	its (See the instructions for I	Part III.)			penses
What is the organization's primary exempt purpose? See Statement		· · · · · · · · · · · · · · · · · · ·			r section 501(c)(3)
Describe what was achieved in carrying out the organization's exempt purpose		se manner, descr	ıbe) organizations and
the services provided, the number of persons benefited, and other relevan				for others)	7(a)(1) trusts, optional
28 The foundation funds program to pur				1	
infants and children. 60 new car se			.0		
recipients.					
(Grants \$) If this amount includes foreign g	rants, check here	<u> </u>		28a	3,220.
29 See Statement 6	<u> </u>				
(Grants \$ 500.) If this amount includes foreign g	rants, check here	.		29a	758.
30 The foundation purchased dietary su		ropriate		===	
for dialysis patients, and also ass					
dental care for dialysis patients.	IDCCG WICH CH	C COBC OF	_		
(Grants \$ 400.) If this amount includes foreign g	irants check here			30a	2,448.
31 Other program services (attach schedule) See Statement			<u> </u>	004	2,440.
(Grants \$) If this amount includes foreign g			$\overline{}$	31a	302,658.
32 Total program service expenses (add lines 28a through 31a)	rants, check here			32	309,084.
Part IV List of Officers, Directors, Trustees, and Key E	mplovees. List each one ev	en if not compensated	/See the	instructions :	for Part IV
Ture to the total of the total		on a not compensated	T	ntributions	
	(b) Title and average hours	(c) Compensation	, , ,	mployee	(e) Expense
(a) Name and address	per week devoted to	(If not paid, enter		it plans &	account and
	position	-0)	1	eferred pensation	other allowances
Namer Catag	Member		COM	Jensanon	
Nancy Gates 220 Finch Dr., McAlester, OK 74501	1.00	0.		0.	_
	Member		 	0.	0.
McAlester, OK 74501	1.00	0.		0.	_
	Sec/Treasurer			<u> </u>	0.
				0	_
10 E. Washington, McAlester, OK 74501		0.	<u> </u>	0.	0.
	Member			0	
	1.00	0.	ļ İ	0.	0.
	Member	•		0	
RT 4 Box 451, McAlester, OK 74501	1.00	0.	<u> </u>	0.	0.
	Member	_		0	
PO Box 1011, Hartshorne, OK 74547	1.00 Member	0.	1	0.	0.
		0		^	
1003 Berry Patch, McAlester, OK 74501	President	0.		0.	0.
	3.00	^		0	
PO Box 948, McAlester, OK 74502 Jim Pratt	Vice Presiden	0.	-	0.	0.
PO Box 1107, McAlester, OK 74502	4			^	
Kevin Priddle	1.00 Member	0.		0.	0.
314 Jackson, McAlester, OK 74501	1.00	0.		^	_
Don Shuller	Member	U •	-	0.	0.
	4	_		^	
610 E. South St., McAlester, OK 74501	1.00	0.		0.	0.
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Page 3

34 Were any changes made to the 35 If the organization had income reported on Form 990-T, attach a Did the organization have unrel and proxy tax requirements? b If "Yes," has it filed a tax return 36 Did the organization undergo a complete applicable parts of Sc 37 a Enter amount of political expen b Did the organization file Form 138 a Did the organization borrow from a prior year and still outstand b If "Yes," complete Schedule L., if "Yes," included on line 40 a Section 501(c)(3) organization section 4911 ▶ b Section 501(c)(3) and 501(c)(4) year or is it aware that it engage has not been reported on any condition of the section 501(c)(3) and 501(c)(4) or disqualified persons during descriptions. At any time descriptions and solutions. At any time descriptions are the states with which a cope section 501(c) "Yes," complete List the states with which a cope section 501(c) "Yes," complete List the states with which a cope section 501(c) "Yes," complete List the states with which a cope section 501(c) "Yes," complete List the states with which a cope section 501(c) "Yes," complete List the states with which a cope section 501(c) "Yes," complete List the states with which a cope section 501(c) "Yes," complete List the states with which a cope section 501(c) "Yes," complete List the states with which a cope section 501(c) "Yes," complete List the states with which a cope section 501(c) "Yes," complete List the states with which a cope section 501(c) "Yes," complete List the states with which a cope section 501(c) "Yes," complete List the states with which a cope section 501(c) "Yes," complete List the states with which a cope section 501(c) "Yes," complete List the states with which a cope section 501(c) "Yes," complete List the	liquidation, dissolution, termination, or significant disposition. N ditures, direct or indirect, as described in the instructions. 120-POL for this year? In, or make any loans to, any officer, director, trustee, or keying at the end of the period covered by this return? Part II and enter the total amount involved Is. Enter: butions included on line 9	ormed copy of the changes 6a, and 7a (among others), but the income on Form 990-T. Oject to section 6033(e) notice, on of net assets during the year	reporting, P if "Yes," 0 •	33 34 35a 35b 36 37b	Yes N/	X X
34 Were any changes made to the 35 If the organization had income reported on Form 990-T, attach a Did the organization have unrel and proxy tax requirements? b If "Yes," has it filed a tax return 36 Did the organization undergo a complete applicable parts of Sc 37a Enter amount of political expen b Did the organization file Form 1 38a Did the organization borrow fro in a prior year and still outstand b If "Yes," complete Schedule L, if 39 Section 501(c)(7) organization a Initiation fees and capital contr b Gross receipts, included on line 40a Section 501(c)(3) organization section 4911 ▶ b Section 501(c)(3) and 501(c)(4) year or is it aware that it engag has not been reported on any c c Section 501(c)(3) and 501(c)(4) or disqualified persons during d Section 501(c)(3) and 501(c)(4) organization e All organizations. At any time d transaction? If "Yes," complete 41 List the states with which a cop	organizing or governing documents? If "Yes," attach a conform business activities, such as those reported on lines 2, 6 a statement explaining why the organization did not report ated business gross income of \$1,000 or more or was it substances or Form 990-T for this year? Iliquidation, dissolution, termination, or significant disposition. No ditures, direct or indirect, as described in the instructions. 120-POL for this year? Im, or make any loans to, any officer, director, trustee, or keyding at the end of the period covered by this return? Part II and enter the total amount involved is. Enter: butions included on line 9	ormed copy of the changes 6a, and 7a (among others), but the income on Form 990-T. Oject to section 6033(e) notice, on of net assets during the year yemployee or were any such lo	reporting, P if "Yes," 0 •	35a 35b 36	N/	X A X
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41 List the states with which a cop		eu lax Sileilei		40e		X
				405		
49 a The organization's hooks are in	care of McAlester Regional Ho	ealth Cn Telephor	e no. ▶ (918)	421	-67	67
_	rk Bass Boulevard, McAlest		ZIP + 4 ► 7			<u> </u>
	year, did the organization have an interest in or a signature			150		
-	reign country (such as a bank account, securities account, o				Yes	No
account)?	,,			42b		X
If "Yes," enter the name of the f	oreian country: 🕨					
•	ions and filing requirements for Form TD F 90-22 1, Report	of Foreign Bank and Financial	Accounts.			ĺ
•	r year, did the organization maintain an office outside of the			42c		х
If "Yes," enter the name of the t						
	charitable trusts filing Form 990-EZ in lieu of Form 1041 - (Check here				
	empt interest received or accrued during the tax year		▶ 43	N/A	•	
					Yes	No
44 Did the organization maintain a	iny donor advised funds? If "Yes," Form 990 must be comple	eted instead of				
Form 990-EZ	,			44		х
	ontrolled entity of the organization within the meaning of sec	tion 512(b)(13)? If "Yes," Form	990 must be			
completed instead of Form 990				45		Х
	/-LZ			Form 9	90-EZ	

McAlester Regional Health Center

Form 990-EZ (2009)

Foundation

73-1618323

Page 4

Par	Section 501(c)(3) organizations and section 4 organizations and section 4947(a)(1) nonexempt charitable t and 51.				sectio				
46	Did the organization engage in direct or indirect political campaign activities o	n behalf of or in opposition to o	andidates for public			Yes	No		
	office? If "Yes," complete Schedule C, Part I				46		X		
47	Did the organization engage in lobbying activities? If "Yes," complete Sche	edule C, Part II			47		X		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes,	," complete Schedule E			48		X		
49 a	Did the organization make any transfers to an exempt non-charitable related o	organization?			49a		X		
b	If "Yes," was the related organization a section 527 organization?				49b				
	Complete this table for the organization's five highest compensated employee than \$100,000 of compensation from the organization. If there is none, enter		s, trustees and key er	mployees) who ea	ach red	ceived	more		
	(a) Name and address of each employee paid more than \$100,000 NONE	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contribution to employee benefit plans & deferred compensation	(e) Exp accoun other allo		and		
51	Total number of other employees paid over \$100,000 Complete this table for the organization's five highest compensated independ organization. If there is none, enter "None." NONE (a) Name and address of each independent contractor paid more.		ved more than \$100			rom th			
	Total number of other independent contractors each receiving over \$100,000)	•						
Sign Here		companying schedules and statemer nformation of which preparer has any	ats, and to the best of m knowledge	y knowledge and be	fief, it is	s true,			
	Type or print name and title								
Paid Prepa Use (Only Ride Poilings		oloyed D	parer's identifying n	ımber (See insi	1)		
	firm's name (or yours it self-employed). Eige Bailly LEP 1601 NW Expressway, Su	firm's name (or yours riseft-employed). Fide Bailly LDP EIN ► EIN ► Finds a manual riseft-employed. Fide Bailly LDP Finds a manual riseft-employed. Fide Bailly LDP Fide Bailly L							
	OKTATIONIA CICY, OR /311	<u> </u>	no.	405-4					
<u>May</u>	the IRS discuss this return with the preparer shown above? See instructions			F	X Ye orm 9		<u>No</u> (2009)		

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section

2009

Department of the Treasury Internal Revenue Service 4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

Open to Public Inspection

Name of the organization

McAlester Regional Health Center Foundation

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

The organization is not a private foundation because it is (For lines 1 through 11, check only one box.)

Reason for Public Charity Status (All organizations must complete this part.) See instructions

Employer identification number

73-1618323

2	A school des	cribed in section 17	0(b)(1)(A)(ii). (Attach Sc	hedule E)								
з 🗆	A hospital or	a cooperative hospit	al service organization	described	in section	170(b)(1)	(A)(iii).					
4 🔲	A medical res	search organization o	perated in conjunction	with a hos	pital desci	ribed in se	ction 170	(b)(1)(A)(ii	ii). Enter th	ne hospital	's nam	10,
	city, and stat	e.										
5 🔲	An organizati	on operated for the t	penefit of a college or u	niversity o	wned or op	perated by	a governn	nental uni	t describe	d in		
	section 170	(b)(1)(A)(iv). (Comple	te Part II)									
6 🔲	A federal, sta	ite, or local governme	ent or governmental uni	t describe	d in sectio	n 170(b)(1	I)(A)(v).					
7 🗀	An organizati	on that normally rece	eives a substantial part	of its supp	ort from a	governme	ntal unit o	r from the	general p	ublic desc	rıbed ı	n
	-	b)(1)(A)(vi). (Complet				_						
8 🔲			ection 170(b)(1)(A)(vi).	(Complete	Part II)							
9 🔲	An organizati	on that normally rece	eives. (1) more than 33	1/3% of its	support f	rom contri	butions, m	embershi	p fees, an	d gross red	ceipts	from
	_		ctions - subject to certa							-	-	
	income and u	unrelated business ta	axable income (less sec	tion 511 ta	x) from bu	sinesses a	acquired by	y the orga	ınızatıon a	fter June 3	0, 197	'5
		509(a)(2). (Complete			,						·	
10	An organizati	on organized and op	erated exclusively to te	st for publ	lic safety S	See sectio	n 509(a)(4).				
11 X	An organizati	on organized and op	erated exclusively for th	ne benefit	of, to perfo	orm the fur	nctions of,	or to carr	y out the p	ourposes o	f one	or
	more publicly	supported organiza	tions described in secti	on 509(a)(1) or section	on 509(a)(2) See sec	tion 509(a)(3). Che	ck the box	that	
	describes the	e type of supporting	organization and compl	ete lines 1	1e through	n 11h.						
	a X Type	I b 🗔] Туре II —	с 🔲 Тур	e III - Func	tionally int	egrated		d 🗔	Type III - 0	Other	
е 🔲	By checking	this box, I certify tha	t the organization is not	controlled	d directly o	r indirectly	by one or	more dis	qualified p	ersons oth	er tha	ın
	foundation m	nanagers and other th	nan one or more publicl	y supporte	ed organiza	ations desi	cribed in se	ection 509	9(a)(1) or s	ection 509	(a)(2)	
f	If the organiz	ation received a writ	ten determination from	the IRS tha	at it is a Ty	pe I, Type	II, or Type	· III				
	supporting o	rganization, check th	is box									
g	Since Augus	t 17, 2006, has the o	rganization accepted ai	ny gift or c	ontribution	n from any	of the follo	owing per	sons?			
	(i) A perso	n who directly or ind	rectly controls, either a	lone or tog	ether with	persons o	lescribed i	n (II) and (iii) below,	<u> </u>	Yes	No
	the gov	erning body of the su	ipported organization?							11g(i)		X X X
	(ii) A family	member of a persor	n described in (i) above?	•						11g(ii)		X
	(iii) A 35%	controlled entity of a	person described in (i)	or (II) abov	e?					11g(iii)	<u> </u>	<u> </u>
h	Provide the f	ollowing information	about the supported or	ganızatıon	(s)							
		,		T								
(i) Name	of supported	(ii) EIN	(iii) Type of organization		organization			(vi) Is organizatio	s the on in col.	(vii) An	nount c	ıf
orga	anızatıon		(described on lines 1-9	in col. (i) listed in your organization in col. governing document? (i) of your support?				(i) organiz U.S	ed in the	sup	port	
			above or IRC section	<u> </u>	_	ļ			, —			
			(see instructions))	Yes	No	Yes	No	Yes	No			
McAle		72 0000070	-						1		- ^	
<u>Reglo</u>	nal nea	73-0992978	<u> </u>	X		X		X	 	1	6,0	<u> 16.</u>
				ĺ								
				 					-			
				 		-	-		+			
					 				+			
		-		 	1				+ +			
Total					1					1	6 0	16.
Total	Drivacy Act of	nd Panerwork Pedu	ction Act Notice, see t	he Instruc	tions for	<u> </u>		Sobodel	o A (Ear-	990 or 99		
	TOUT AUL OI	.a. apor aoin nedu	oudii Adii italiaa, see l		-44113 IVI			JUI TUUI			/U-12/	2003

Form 990 or 990-EZ.

Pa	Support Schedule for (Còmplete only if you checked	_)(b)(1)(A)(iv) an	d 170(b)(1)(A)(vi)
Sec	tion A. Public Support	J tile box oir tille c	, , , 01 0 011 2111		 .		
	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Gifts, grants, contributions, and	(u) Love	(2) 2000	(0) 2007	(4) 2000	(0) 2000	(i) rotal
•	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						· · · · · · · · · · · · · · · · · · ·
_	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities					i i	
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,				1		
	column (f)				ļ		
	Public support. Subtract line 5 from line 4		<u> </u>	Д		<u> </u>	
	ction B. Total Support			1	T		T
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4			-			
8	Gross income from interest,						
	dividends, payments received on					ĺ	
	securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business			<u> </u>			
3	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain					1	
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc (see instructi	ons)			12	
13	First five years. If the Form 990 is for	the organization'	s first, second, th	ird, fourth, or fifth	tax year as a secti	on 501(c)(3)	
	organization, check this box and stor						
	ction C. Computation of Publ					1	
	Public support percentage for 2009 (•	column (f))		14	%
	Public support percentage from 2008				44 00 4/00/	15	%
168	33 1/3% support test - 2009. If the o				14 IS 33 1/3% OF I	nore, check this bo	x and
L	stop here. The organization qualifies 33 1/3% support test - 2008. If the o		•		1 line 15 is 22 1/20	Carmara abaak th	P L
L	and stop here. The organization qual	•			7 IIII	o or more, check ti	IIS DOX
174	10% -facts-and-circumstances tes				e 13 16a or 16b	and line 14 is 10%	or more
176	and if the organization meets the "fac	-					
	meets the "facts-and-circumstances"		·	•	•	art iv now the eige	▶ □
ŀ	10% -facts-and-circumstances tes	-	•		-	17a, and line 15 is	10% or
•	more, and if the organization meets the						
	organization meets the "facts-and-cire				•		▶
18	Private foundation. If the organization		•	•	- ''	•	ns 🕨

Part III Support Schedule for O	rganizations	Described in	Section 509(a	(2) (Complete only	If you checked the bo	ox on line 9 of Part I.
Section A. Public Support	.			 		r···
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons				j		
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b		<u>.</u>				
8 Public support (Subtract line 7c from line 6) Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	-					
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support (Add lines 9, 10c, 11, and 12)	the ergenization	o first second #5:	rd fourth or fifth t	OV VOOR 65 5 55 = 1:		l
14 First five years. If the Form 990 is for check this box and stop here	uie organization	a mai, second, thi	iu, iouriii, or iiith t	an year as a secti	on 50 r(c)(3) organiz	<u>Lauon,</u>
Section C. Computation of Publi	c Support Pa	ercentage				
15 Public support percentage for 2009 (li			column (fl)	_	15	
16 Public support percentage from 2008		•			16	%
Section D. Computation of Inves				· · · · · · · · · · · · · · · · · · ·	110	
17 Investment income percentage for 200					17	%
18 Investment income percentage from 2	•	•	···· (///		18	%
19a 33 1/3% support tests - 2009. If the			on line 14, and line	e 15 is more than		
more than 33 1/3%, check this box an	-				•	▶□
b 33 1/3% support tests - 2008. If the	-	•	• •			and
line 18 is not more than 33 1/3%, chec	-				•	ightharpoons
20 Private foundation. If the organization			·	. , , , , ,	•	▶□
					hedule A (Form 99	0 or 990-FZ) 200

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

Open To Public Inspection

Schedule G (Form 990 or 990-EZ) 2009

Name of the organization McAlest	er Regional Health	Ce	nte	r		Employer ide	ntification number		
Foundat						73-1618	323		
Part I Fundraising Activities. required to complete this part	Complete if the organization answert.	ered "Y	'es" to	Form 990, Part IV, i	ine 1	7 Form 990-EZ	filers are not		
Indicate whether the organization rais	e Solicitat f Solicitat g Special	tion of tion of fundra	non-go goveri Ising o	overnment grants nment grants events					
 2 a Did the organization have a written of key employees listed in Form 990, P. b If "Yes," list the ten highest paid indicompensated at least \$5,000 by the 	art VII) or entity in connection with pividuals or entities (fundraisers) purs	rofess	onal f	undraising services?		Yes			
(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		or control of		(iv) Gross receipts from activity	(v) Amount paid to (or retained by fundraiser listed in col. (i)		(vi) Amount paid to (or retained by) organization
		Yes	No						
			·						
Total	>	·•							
3 List all states in which the organization	on is registered or licensed to solicit	funds	or has	been notified it is ex	emp	t from registrati	on or licensing.		
		-							
			-			<u> </u>			

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

McAlester Regional Health Center

Schedule G (Form 990 or 990-EZ) 2009 Foundation 73-1618323 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

(a) Event #1 (b) Event #2 (c) Other events

None

			Golf	(5) 2 0 1 1 2	None	(d) Total events
				Barrel Race	140116	(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
J.C			(6.0000 1) [6.00]	(0.200.3)	(,	
Revenue	1	Gross receipts	19,512.	27,798.		47,310.
ď	•	Gioss receipts	13,312.	2777500		17,310.
	2	Less Charitable contributions				
		2000 ONAMADIO COMMISSIONE				
	3	Gross income (line 1 minus line 2)	19,512.	27,798.		47,310.
	4	Cash prizes				
Se	5	Noncash prizes				
Orrect Expenses						
Ä	6	Rent/facility costs				
ğ						
	7	Food and beverages			·	
		Entertainment				
	8	Entertainment Other direct expenses	5,979.	19,604.		25,583.
	9 10			17,004.		(25,583)
	11	Net income summary Combine line 3, colum				21,727.
Pa	irt	III Gaming. Complete if the organization	answered "Yes" to Form	990, Part IV, line 19, or i	reported more than	
		\$15,000 on Form 990-EZ, line 6a				
Φ.			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
ğ			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col (c))
Revenue						
	1	Gross revenue				
es	2	Cash prizes				
Direct Expenses						
Ϋ́	3	Noncash prizes	-			
ş	١.	Rent/facility costs				
ے	4	nent/facility costs				
	5	Other direct expenses				
_	Ť		Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	No	
						_
	7	Direct expense summary. Add lines 2 throug	h 5 ın column (d)		>	()
	1					
_	8	Net gaming income summary. Combine line	1, column (d), and line 7			
						Yes No
		ter the state(s) in which the organization opera	· · · · · · · · · · · · · · · · · · ·			
		the organization licensed to operate gaming a	ctivities in each of these	states?		9a
t) It '	'No," explain				
	_					
10.	- VA/	ere any of the organization's gaming licenses r	evoked suspended or to	erminated during the tax	vear?	10a
		'Yes," explain	evoked, suspended of te	smillated during the tax	year :	100
	, "	100, Orpidir				
		-	· = -			
11	Do	es the organization operate gaming activities	with nonmembers?			11
12		the organization a grantor, beneficiary or truste		r of a partnership or othe	r entity formed to	
	ac	minister charitable gaming?			-	12

McAlester Regional Health Center

The organization's facility 13a 96 Indicate the percentage of gaming activity operated in 13a 96 Indicate the percentage of gaming activity operated in 13a 96 Indicate the percentage of gaming activity operated in 13a 96 Indicate the percentage of gaming activity operated in 13a 96 Indicate the percentage of gaming activity operated in 13a 96 Indicate the percentage of gaming activity operated in 13a 96 Indicate the percentage of gaming activity operated in 13a 96 Indicate the percentage of gaming 96 Indicate the percentage of gaming activity operated in 13a 96 Indicate the percentage of gaming 96 Indicate the percentage	Schedule G (Form 990 or 990-EZ) 2009 Foundation	<u>73-1618</u>	<u> 332.</u>	<u> 3 Pa</u>	ige 3
a The organization's facility b An outside facility 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records. Name Address Address Address Address and records and the amount of gaming revenue received by the organization receives gaming revenue? b if "Yes," enter the amount of gaming revenue received by the organization and the amount of gaming revenue retained by the third party \$\$ and the amount of if "Yes," enter name and address of the third party Name Address Address Address Address Employee Independent contractor 15 Gaming manager information: Name Description of services provided Person Independent contractor 17 Mandatory distributions: a is the organization required under state law to make charitable distributions from the gaming proceeds to				Yes	No
b An outside facility 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records. Name	13 Indicate the percentage of gaming activity operated in:				
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records. Name ▶ Address ▶ 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? b if "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ the remaining revenue retained by the third party Name ▶ Address ▶ 16 Gaming manager information: Name ▶ Gaming manager compensation ▶ \$ Description of services provided ▶ □□ Director/officer □□ Employee □ Independent contractor 17 Mandatory distributions: a is the organization required under state law to make charitable distributions from the gaming proceeds to	a The organization's facility	%			
Name ►	b An outside facility	%			
Address ▶	14 Enter the name and address of the person who prepares the organization's gaming/special events books and rec	ords.			
Address ▶		1	1		
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? b if "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ the remaining revenue retained by the third party ▶ \$ the remaining manager information. Name ▶ Gaming manager information. Name ▶ Description of services provided ▶ Independent contractor 17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to	Name				
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? b if "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ the remaining revenue retained by the third party ▶ \$ the remaining manager information. Name ▶ Gaming manager information. Name ▶ Description of services provided ▶ Independent contractor 17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to			ł	- 1	
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ till "Yes," enter name and address of the third party Name ▶ Address ▶ 16 Gaming manager information: Name ▶ Gaming manager compensation ▶ \$ Description of services provided ▶ Independent contractor 17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to	Address		- 1		
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ till "Yes," enter name and address of the third party Name ▶ Address ▶ 16 Gaming manager information: Name ▶ Gaming manager compensation ▶ \$ Description of services provided ▶ Independent contractor 17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to			į		
of gaming revenue retained by the third party ▶\$ c if "Yes," enter name and address of the third party Name ▶ Address ▶ 16 Gaming manager information: Name ▶ Gaming manager compensation ▶ \$ Description of services provided ▶ Director/officer □ Employee □ Independent contractor 17 Mandatory distributions: a is the organization required under state law to make charitable distributions from the gaming proceeds to	15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	-	15a		
of gaming revenue retained by the third party ▶\$ c if "Yes," enter name and address of the third party Name ▶ Address ▶ 16 Gaming manager information: Name ▶ Gaming manager compensation ▶ \$ Description of services provided ▶ Director/officer □ Employee □ Independent contractor 17 Mandatory distributions: a is the organization required under state law to make charitable distributions from the gaming proceeds to	and the state of t		Ì		
c if "Yes," enter name and address of the third party Name		nount			
Name ►					
Address 16 Gaming manager information: Name Gaming manager compensation \$	c if "Yes," enter name and address of the third party				
Address 16 Gaming manager information: Name Gaming manager compensation \$	Nama 🏲				
16 Gaming manager information: Name ▶ Gaming manager compensation ▶ \$ Description of services provided ▶ Director/officer	Name >				
Name ▶ Gaming manager compensation ▶ \$ Description of services provided ▶ Director/officer	Address >				
Name ▶ Gaming manager compensation ▶ \$ Description of services provided ▶ Director/officer					
Gaming manager compensation \$ Description of services provided Director/officer	16 Gaming manager information:				
Gaming manager compensation \$ Description of services provided Director/officer					
Description of services provided Director/officer Employee Independent contractor Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to	Name				
Description of services provided Director/officer Employee Independent contractor Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to					
Director/officer	Gaming manager compensation \$		j		
Director/officer	Donat de la Company de la N		l		1
17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to	Description of services provided		ŀ		
17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to					
17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to					
17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to	Director/officer Employee Independent contractor				
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	Director/officer Employee macpondent contractor				
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	17 Mandatory distributions:				
	·		ļ		
	•		17a		
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		F			
organization's own exempt activities during the tax year > \$	Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the				

Schedule G (Form 990 or 990-EZ) 2009

Form 990-EZ	Other Expenses	·	Statement 1
Description			Amount
Hospital Projects Employee Assist Disaster Fund Supplies Other Expenses			22,038. 11,709. 11,105. 932.
Total to Form 990-EZ, line 16			45,784.
Form 990-EZ	Other Assets		Statement 2
Description		Beg. of Year	End of Year
Investments Inventory		111,110. 14,803.	113,393. 16,803.
Total to Form 990-EZ, line 24		125,913.	130,196.

Form 990-EZ	Gain	(Loss)	From	Sale	of Othe	r Ass	ets	St	atement	3
Description					Dai Acqui		Date Sold			
Gift Shop Sales								Purc	hased	
Name of Buyer		Gros Sales I			t or Basis		ense Sale	Deprec	Net Gair or (Loss	
		121	,082.		85,686.		0.	0.	35,39	96.
To Form 990-EZ, 1	ine S	121	,082.		85,686.		0.	0.	35,39	96.
Form 990-EZ Ot	her (Changes	in No	et Ass	sets or	Fund	Balance	s St	atement	4
Description									Amount	
Unrealized Gains/ Prior period adju									71 176,21	10.
Total to Form 990	-EZ,	line 2	0						176,92	28.

FORM 990-EZ	Information Regarding Transfers Associated with Personal Benefit Contracts		S	tater	ment ——	5
directly of	ganization, during the year, receive any funds, r indirectly, to pay premiums on a personal ntract?	[1	Yes	[X]	No
	ganization, during the year, pay premiums, r indirectly, on a personal benefit contract? .	. []	Yes	[X]	No

990-EZ Pg 2

Statement

6

The foundation provided assistance to two diabetes patients to attend diabetes classes which cover diet and exercise. The patients have no insurance, Medicare, or Medicaid.

990-EZ Pg 2 Statement 7

Solicit and distribute donations to McAlester Regional Heath Center Authority for use in various operating purposes of the McAlester Regional Health Center.

Form 990-EZ	Other Program Services	St	tatement 8	
Description		Grants	Expenses	}
Various		0.	302,65	8.
Total to Form 990-EZ, lir	ne 31		302,65	8.

	·	
Extension .		Statement 9

McAlester Regional Health Cntr Foun - One Clark Bass Boulevard - McAlester, OK 74501

Form **8868**

(Rev. April 2009)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

Form 8868 (Rev. 4-2009)

• If you are faing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (or page 2 of this form). Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously tide Form 8888. Part I	If yo	ou are filing for an Automatic 3-Month Extension, complete only Part I and check this box			ightharpoonup			
A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income fax returns All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income fax returns Electronic Filing (e-file). Generally, you can electronically file Form 8888 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T), however, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) amonth extension of 2) you file forms 990-T), form 8868. For more details on the electronic filing of this form, visit was submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit was submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit was 50 vicile and cick on end file of Charles 8 Analyzotists. Name of Exempt Organization Name o	• If yo	ou are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this	form).					
A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only A chare corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 for request an extension of time to file income tax returns Bellectronic Filing (e-file). Generally, you can electronically file Form 9808 if you want a 3-month automatic extension of time to file one of the returns indeed below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8668 electronically (if 1) you want has additional (not automatic) amonth extension or 2) you his form 990-TI, leading on 990-TI, leading of 990-TI has additional file for Landries & Nonprofits. Type or make of Exempt Organization Print CALESTER REGIONAL HEALTH CENTER FOUNDATION Number, street, and room or suits no. If a P.O. box, see instructions. ONE CLARK BASS BOULEVARD City, town or post office, state, and ZIP code. For a foreign address, see instructions. ONE CLARK BASS BOULEVARD City, town or post office, state, and ZIP code. For a foreign address, see instructions. ONE CLARK BASS BOULEVARD City town or post office, state, and ZIP code. For a foreign address, see instructions. ONE CLARK BASS BOULEVARD City town or post office, state, and ZIP code. For a foreign address, see instructions. ONE CLARK BASS BOULEVARD City town or post office, state, and ZIP code. For a foreign address, see instructions. City form 990-BL Form 990-BL Form 990-BL Form 990-F Form	Do no	t complete Part II unless you have already been granted an automatic 3-month extension on a previously fil	ed For	m 8868.				
All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns Electronic Filing (e-file), Generally, you can electronically file Form 8968 if you want a 3-month automatic extension of time to file one of the returns noted below (in forms for a corporation required to file Form 990-01, However, you cannot file Form 8968 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-01, However, you cannot file Form 8968 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-01, even you cannot file Form 8968 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-18, 5090, or 8970, group returns, or a composite or consolidated Form 990-11 instead, you must submit the fully completed and signed page (2) eff. of form 8968. For more details on the electronic filing form, water your manufacture for the full file forms 8968. For more details on the electronic filing form, water your manufacture forms 8968. For more details on the electronic form form, water your manufacture for forms 8968. For more details on the electronic filing forms for forms 8969. For more details on the electronic filing forms for forms 8969. For more details on the electronic forms forms for such your manufacture. Topic form 10 forms 8968. For more details on the electronic forms forms forms for forms 9969. Topic forms 9969. Form section for each return)	Part	Automatic 3-Month Extension of Time. Only submit original (no copies needed).						
All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns incide below (6 months for a corporation required to file Form 990-T), However, you cannot file Form 8868 electronically (file on want the additional find automatic) shows in the fully completed and signed page 2 (Part II) of Form 980-T, 100-90, or 9870, group returns, or a composite or consocialated Form 980-T instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, wast 390-41, 000-90, or 9870, group returns, or a composite or consocialated Form 980-T instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, wast 390-41, or 100-100, or 100-10	A corp	oration required to file Form 990-T and requesting an automatic 6-month extension - check this box and com	plete					
to file mecome tax returns Electronic Filing (s-file). Ganerally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-7). However, you cannot file Form 8868 electronically if (1) you want the additional forcia automatic) 3-month extension of (2) you file Form 990-7). However, you cannot file Form 8868 electronically if (1) you want the additional forcia automatic) 3-month extension of (2) you file Form 990-70 electronically if (1) you want the file for Charles & Nonprofits. Type or print form of Exempt Organization Name of Exempt Organization Name of Exempt Organization Number , street, and coron or suite no. If a P.O. box, see instructions. Number , street, and coron or suite no. If a P.O. box, see instructions. OR CLARK BASS BOULEVARD City, town or post office, state, and ZIP code. For a foreign address, see instructions. MCALESTER REGIONAL HEALTH CNTR FOUN Form 990	Part I	only			ightharpoons			
to file mecome tax returns Electronic Filing (s-file). Ganerally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-7). However, you cannot file Form 8868 electronically if (1) you want the additional forcia automatic) 3-month extension of (2) you file Form 990-7). However, you cannot file Form 8868 electronically if (1) you want the additional forcia automatic) 3-month extension of (2) you file Form 990-70 electronically if (1) you want the file for Charles & Nonprofits. Type or print form of Exempt Organization Name of Exempt Organization Name of Exempt Organization Number , street, and coron or suite no. If a P.O. box, see instructions. Number , street, and coron or suite no. If a P.O. box, see instructions. OR CLARK BASS BOULEVARD City, town or post office, state, and ZIP code. For a foreign address, see instructions. MCALESTER REGIONAL HEALTH CNTR FOUN Form 990	All oth	er corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an	exten	sion of time				
noted below 6 months for a corporation required to file Form 990-T). However, you cannot file Form 8886 left form 8886, For more details on the electronically if (1) you want the additional (not automatic) - month extension or (2) you file Forms 990-B, 6699, or 870, good pretiums, or a composite or consolidated Form 990-D. Instead, you must submit the fully completed and signed page 2 [Part II] of Form 8868. For more details on the electronic filing of this form, vist www.rs gov/elide and clock on − fells for Charthes & Nonprofits. Type or print print print print forms 900-B, and print forms 900-B, see instructions. Name of Exempt Organization print forms 900-B, see instructions. Number, street, and room or suite no. If a P.O. box, see instructions. ONDE CLARK BASS BOULEVARD City, town or post office, state, and ZIP code. For a foreign address, see instructions. MCALESTER, OK 74501 Check type of return to be filed(file a separate application for each return): Form 990-B, Form 990-B, Form 990-T (corporation) Form 990-T (corporation) Form 990-B, Form 990-T (sec. 401(a) or 408(a) trust) Form 990-B, Form 990-B, Form 990-T (sec. 401(a) or 408(a) trust) Form 990-B, Form 990-B, Form 990-T (sec. 401(a) or 408(a) trust) Form 990-B, Form 990-B, Form 990-T (sec. 401(a) or 408(a) trust) For								
Print Figure by the CALESTER REGIONAL HEALTH CENTER FOUNDATION Number, street, and room or suite no. If a P.O. box, see instructions. ONE CLARK BASS BOULEVARD City, town or post office, state, and ZIP code. For a foreign address, see instructions. MCALESTER, OK 74501 Check type of return to be filed(file a separate application for each return): Form 990 Form 990. Form 8870 **Ithe organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the organization of the group, check this box If this is for a Group Return, enter the organization required to file Form 990.	noted (not at you m	below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electroni Itomatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or col Ust submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic fil	cally if nsolida	(1) you want the ated Form 990-T	additional			
FOUNDATION Number, street, and room or suite no. If a P.O. box, see instructions.	Туре		Employer identification number					
Number, street, and room or suite no. If a P.O. box, see instructions. New CLARK BASS BOULEVARD	print	MCALESTER REGIONAL HEALTH CENTER						
Club			7	73-1618323				
Check type of return to be filed (file a separate application for each return): Form 990	due date	ntor Number, street, and room or suite no. If a P.O. box, see instructions. ONE CLARK BASS BOULEVARD						
Form 990 Form 990-T (corporation) Form 4720 Form 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 5227 X Form 990-EZ Form 990-T (trust other than above) Form 6069 Form 990-PF Form 1041-A Form 8870 MCALESTER REGIONAL HEALTH CNTR FOUN Telephone No MOS ONE CLARK BASS BOULEVARD - MCALESTER, OK 74501 Telephone No MOS ONE CLARK BASS BOULEVARD - MCALESTER, OK 74501 Telephone No MOS ONE CLARK BASS BOULEVARD - MCALESTER, OK 74501 Telephone No MOS ONE CLARK BASS BOULEVARD - MCALESTER, OK 74501 If this sis for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box MOS MOS MOS MOS MOS MOS MOS MO		City, town or post office, state, and ZIP code. For a foreign address, see instructions.						
Form 990-BL	Check	t type of return to be filed(file a separate application for each return)						
Form 990-BL		Form 990 Form 990-T (corporation) Form 47	20					
Form 990-EZ								
MCALESTER REGIONAL HEALTH CNTR FOUN The books are in the care of ▶ ONE CLARK BASS BOULEVARD - MCALESTER, OK 74501 Telephone No ▶ (918) 421-6767 FAX No. ▶ If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box If this is for part of the group, check this box ▶ ☐ and attach a list with the names and EINs of all members the extension will cover 1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until FEBRUARY 15, 2011 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: □ calendar year or ► X tax year beginning JUL 1, 2009 , and ending JUN 30, 2010 2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting penod 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	r		_					
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nonrefundable credits. See instructions. b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. b Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions. 3a \$ N/A	2	If this tax year is for less than 12 months, check reason: Initial return Final return		Change in accou	inting period			
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See instructions. 3c \$ N/A								
			30	¢	N/A			
								

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 88	68 (Rev. 1-2011)					Page 2	
If you	are filing for an Additional (Not Automatic) 3-Month Ex	tension,	complete only Part II and check this be	ox .		X	
Note. O	nly complete Part II if you have already been granted an	automatic	3-month extension on a previously filed	Form	8868		
	are filing for an Automatic 3-Month Extension, comple						
Part I	Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the onginal (no c	opies i	needed).		
	Name of exempt organization				loyer identification	on number	
Type or	MCALESTER REGIONAL HEALTH CENTER				•		
print	FOUNDATION			73-1618323			
File by the extended	y the						
due date fo	odate for ONE CLARK BASS BOULEVARD						
filing your return See		oreion add	tress, see instructions.				
instruction	MCALESTER, OK 74501	g					
				-	· · · · · · · ·		
Enter the	e Return code for the return that this application is for (fil	e a separa	te application for each return)			0 3	
	VIII	• a sopa.a	is application to such retain,				
Applica	tion	Return	Application			Return	
Is For		Code	Is For				
Form 99	0	01	3 3 4 3 4 3 4 3 4 3 4 3 4 3 4 3 4 3 4 3		泗"蔡	Code	
Form 99	0-BL	02	Form 1041-A		27.3	08	
Form 99	0-EZ	03	Form 4720			09	
Form 99	0-PF	04	Form 5227			10	
Form 99	0-T (sec 401(a) or 408(a) trust)	05	Form 6069				
Form 99	Form 990-T (trust other than above) 06 Form 8870					12	
STOPLE	o not complete Part II if you were not already granted	an autor	natic 3-month extension on a previou	isly file	ed Form 8868.		
	pooks are in the care of ONE CLARK BASS						
	hone No ► (918) 421-6767		FAX No. ▶				
If the	organization does not have an office or place of busines	s in the Ur	nited States, check this box			· 🗆	
	is for a Group Return, enter the organization's four digit			ıs ıs fo	r the whole group	, check this	
box 🕨	<u>-</u>	7	ach a list with the names and EINs of all				
4 In	equest an additional 3-month extension of time until	MAY	15, 2011				
5 Fo	or calendar year, or other tax year beginning	JUL 1	, 2009 , and ending	JUN	30, 2010)	
	the tax year entered in line 5 is for less than 12 months, o			Final r			
	Change in accounting period						
7 St	ate in detail why you need the extension						
A	DDITIONAL TIME IS REQUESTED	IN OR	DER TO GATHER ALL IN	IFOR	MATION		
	ECESSARY TO FILE A COMPLETE						
8a If	this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	inter the tentative tax, less any			···	
no	onrefundable credits. See instructions		·	8a	\$	0.	
b If	this application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and estimated	1			
ta	x payments made Include any prior year overpayment al	lowed as a	a credit and any amount paid				
<u>.p</u>	reviously with Form 8868.			8b	\$	0.	
с Ва	alance due. Subtract line 8b from line 8a. Include your pa	ayment wit	th this form, if required, by using				
EF	TPS (Electronic Federal Tax Payment System) See instr	uctions		8c	\$	0.	
	Sign	ature an	d Verification				
Under pe	nalhes of perjury, I declare that I have examined this form, include	ling accomp	panying schedules and statements, and to th	e best o	of my knowledge and	l belief,	
ıt ıs true,	correct and complete, and that Lam authorized to prepare this f	ormo 🔪			1.		
Signature	Title >	29(//	Unage	Date	D 1/24/11		
		<u> </u>			Form 8868 (Rev 1-2011)	